

Family PACT: Sterilization Consent Form

This section contains information to help providers understand the regulations connected with the sterilization *Consent Form* (PM 284).

Sterilization Consent Policy

Providers must be in compliance with the requirements of the state sterilization regulations, *California Code of Regulations* (CCR), Title 22, Sections 70037.1 and 70707.1 – 70707.8.

**Informing Client
is Required**

The client must be provided with the information required by these regulations as adopted by the Department of Health Services (DHS). The informed consent process should include, but is not be limited to, an assessment of the client's comprehension of:

- Alternative family planning methods that are available and temporary.
- The permanence and irreversibility of the procedure.
- The discomforts, risks, and benefits associated with the operation.

**Client and Provider Must
Sign Consent Form**

The client and provider must sign the sterilization *Consent Form* (PM 284) in accordance with the state sterilization regulations.

State Regulations Apply

State regulations for sterilization consents (PM 284) apply to Family PACT clients.

These regulations include:

- Clients must be 18 years of age and older.
- Consent must be signed at least 72 hours prior to the procedure and no more than 180 days prior to the procedure.

**Record Retention
Requirements**

The sterilization *Consent Form* must be retained in the client's medical record.

**Ordering Sterilization
Consent Form (PM 284)**

To obtain a supply of sterilization *Consent Form(s)* (PM 284), providers must submit their request, using *DHS Order Form (DHS 2031)*, to the DHS warehouse. The *DHS Order Form* may be obtained by mailing a request for DHS 2031 on provider letterhead to the DHS Warehouse at the following address, or by faxing a request for the DHS 2031 on provider letterhead to (916) 928-1326.

Attention: Norma Cline
Department of Health Services Warehouse
1037 North Market Street, Suite #9
Sacramento, CA 95834

Providers may call the DHS Warehouse at (916) 928-9203 for information. (The DHS warehouse provides instructions for ordering forms but accepts no telephone requests for forms.)

Claim Form Completion

HCFA 1500 claim form: State in the *Reserved For Local Use* field (Box 19) that the "PM 284 Consent form was signed on MM/DD/YY."

UB-92 Claim Form: State in the *Remarks* area (Box 84) that the "PM 284 Consent form was signed on MM/DD/YY."

Note: Claim information must name the *Consent Form* (PM 284) and the date of client signature. Do not submit the actual consent form.

Sample Form

A sample sterilization *Consent Form* (PM 284) appears at the end of this section.

